

PROJECT 10073 RECORD

1. DATE - TIME GROUP 23 Oct 68	2. LOCATION South Lebanon, Ohio
3. SOURCE Civilian	10. CONCLUSION Other (UNRELIABLE REPORT)
4. NUMBER OF OBJECTS See Case	
5. LENGTH OF OBSERVATION See Case	11. BRIEF SUMMARY AND ANALYSIS SEE CASE FILE
6. TYPE OF OBSERVATION Ground-Visual	COMMENTS: The observer has been seeing UFOs every night almost for the past year. Most the sightings appear to be aircraft however, because of the number of sightings, the report is being carried as Unreliable.
7. COURSE See Case	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I believe and so do the neighbors
that are U.F.O's on the hill.

Mrs. Katherine Goodpaster another
neighbor age 63

and Mrs. [REDACTED] on the
same street Grocery store owner
of the K. & S. Super market on
45 section st. South Lebanon.

Mrs. [REDACTED] lives on Zona Rd.

Come down and see for yourself
35 miles can't be too hard to go.
I've something I've heard the
Air force would like to catch
a U.F.O. Well then up there.
less than 1 mile from here.

23 Oct ..

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation

TO:

[REDACTED]
Mrs [REDACTED]
[REDACTED]

South Lebanon, Ohio 45065

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

[Signature]
RECTOR QUINTANILLA, JR.; Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

Oct. 24,

68

Dear Sir, I forgot this information in the form you sent to be filled out. The U. F. O.'s sometimes come over the trees and go along the tops of the trees like this before landing.

Sometimes they will look like there isn't anything up there in the sky then a light will start blinking the (red) then moves as it moves other things in the sky "blink" back as it moves along.

The names I have you
see Center is going to
college so is her brother
Rale.

I hope the information
I gave you is complete.

The U.F.O.'s are there.

They seemed to go towards
an old barn. The roof used
to be red. From the glances
I get through the trees it
looks as if they painted
the roof white or alum.

I believe some body who owns
that ~~has~~ barn knows every
thing about what lands.

I don't know who owns
the barn.

Mrs. [REDACTED]

[REDACTED]
South Lebanon, Ohio

also there are some horses
that when the thunders
the horses get very upset.

MEMO FOR THE RECORD

7 OCT 1968

[REDACTED], [REDACTED] South Lebanon. 45065

Mrs [REDACTED] called on 7 October 1968. She has been seeing UFOs every night almost for the last year. She sees them about the same time each night (about dark) and they seem to go over and land on the hill behind Mr [REDACTED] (?) house. About a year ago Mrs [REDACTED] saw a UFO that was close enough to hit with a rock and ano her time she saw one that had green and red revolving lights on it. The one she sees every night are white with green and red lights. I told Mrs Sampson I'd send her a reporting form and the next time she sees one to fill it out and return it to us.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

7:20 Oct. 23rd (3 of them)
1. WHEN DID YOU SEE THE PHENOMENON?
7:20 DAY Wed. MONTH Oct. YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?
HOUR 7 MINUTES 20 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?
HOUR 7:30 MINUTES ☐ A.M. ☒ P.M.

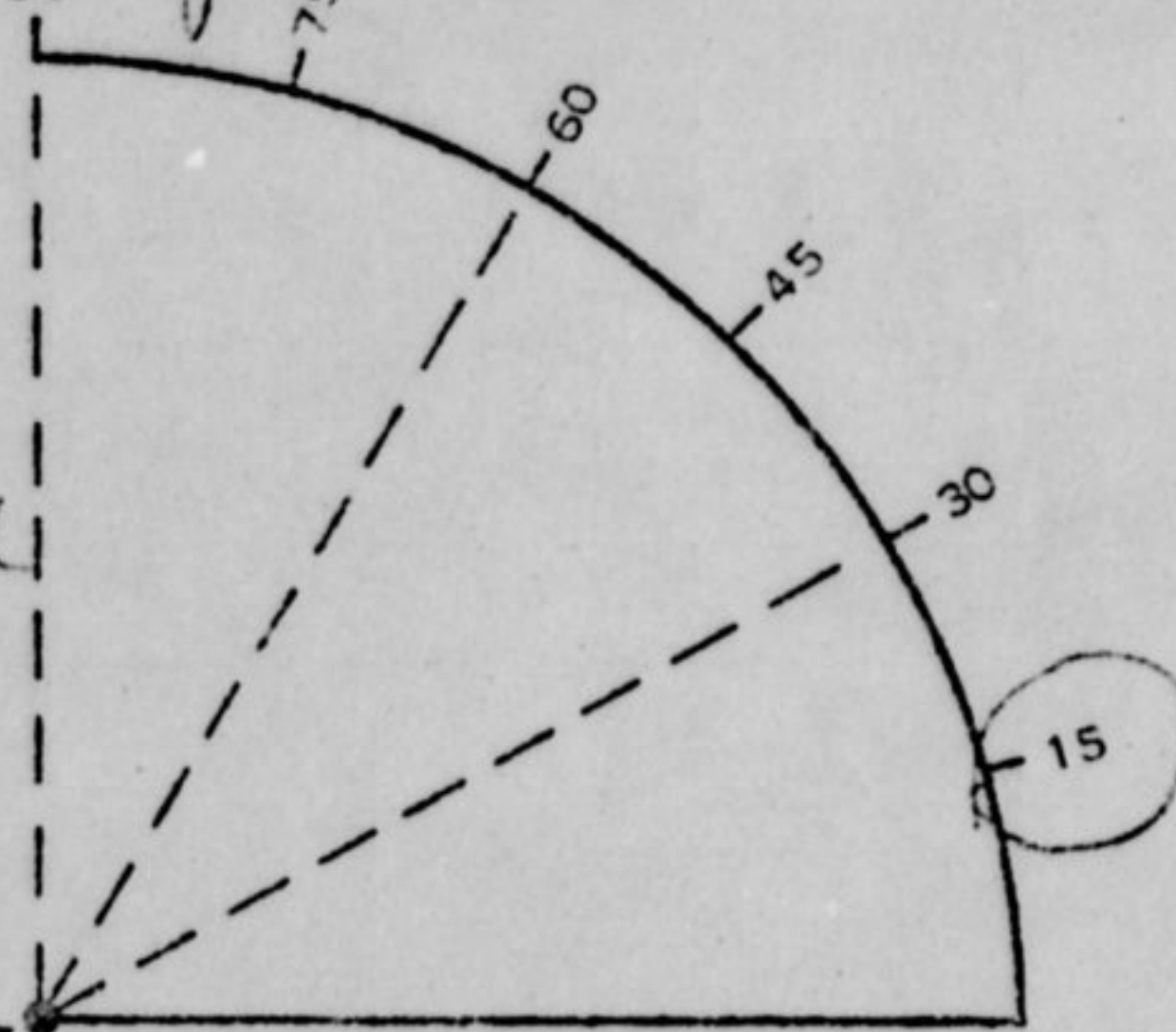
4. TIME ZONE ☐ DAYLIGHT SAVINGS ☐ STANDARD
☐ EASTERN ☐ CENTRAL ☐ MOUNTAIN ☐ PACIFIC ☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

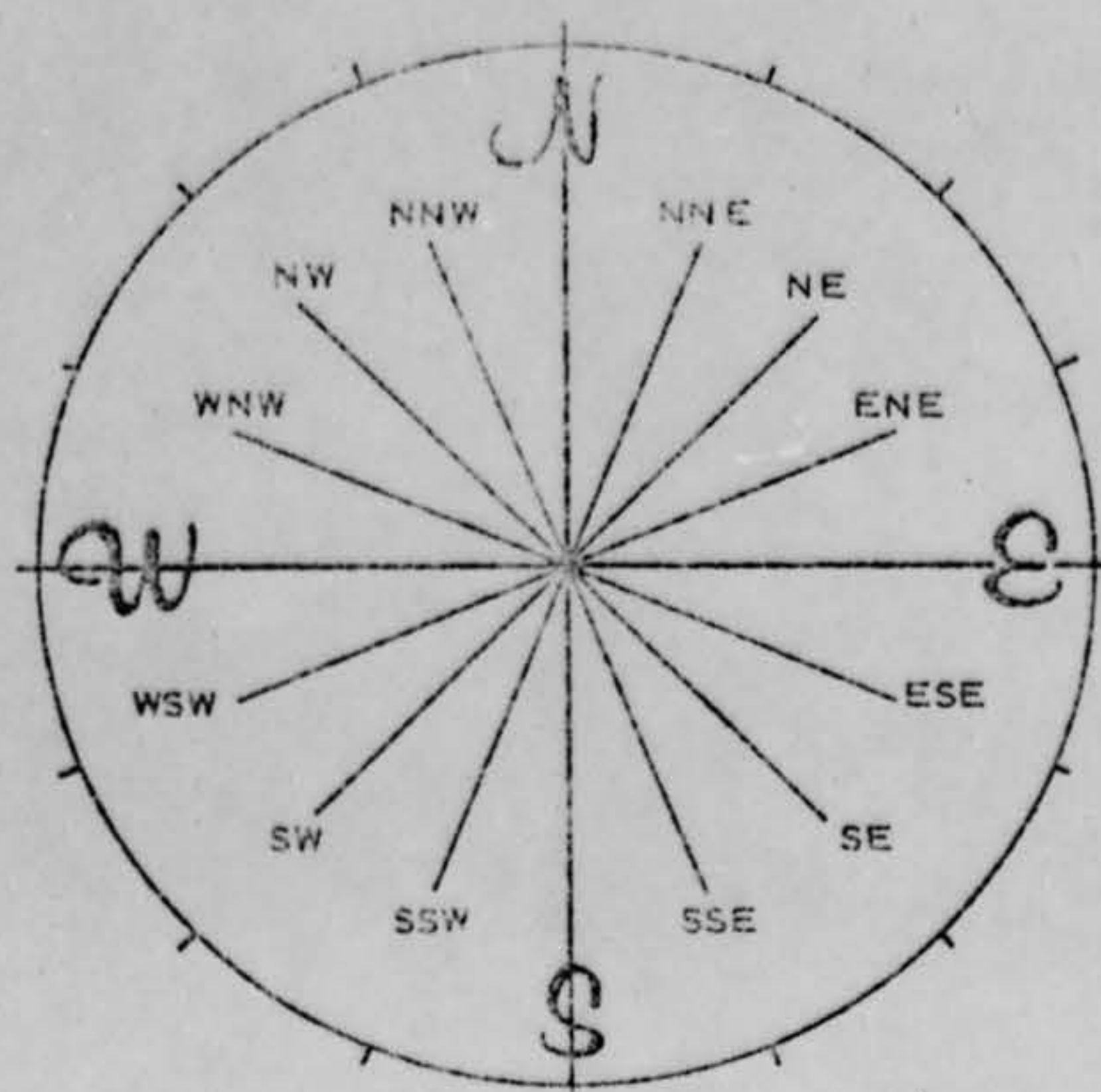
my back porch. In South Lebanon, Ohio a little past the bridge on Zora Rd. About 1/4 mile away. They had red blinking lights soundless. They went very very slowly over the trees and down on the ground. I line [redacted]

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

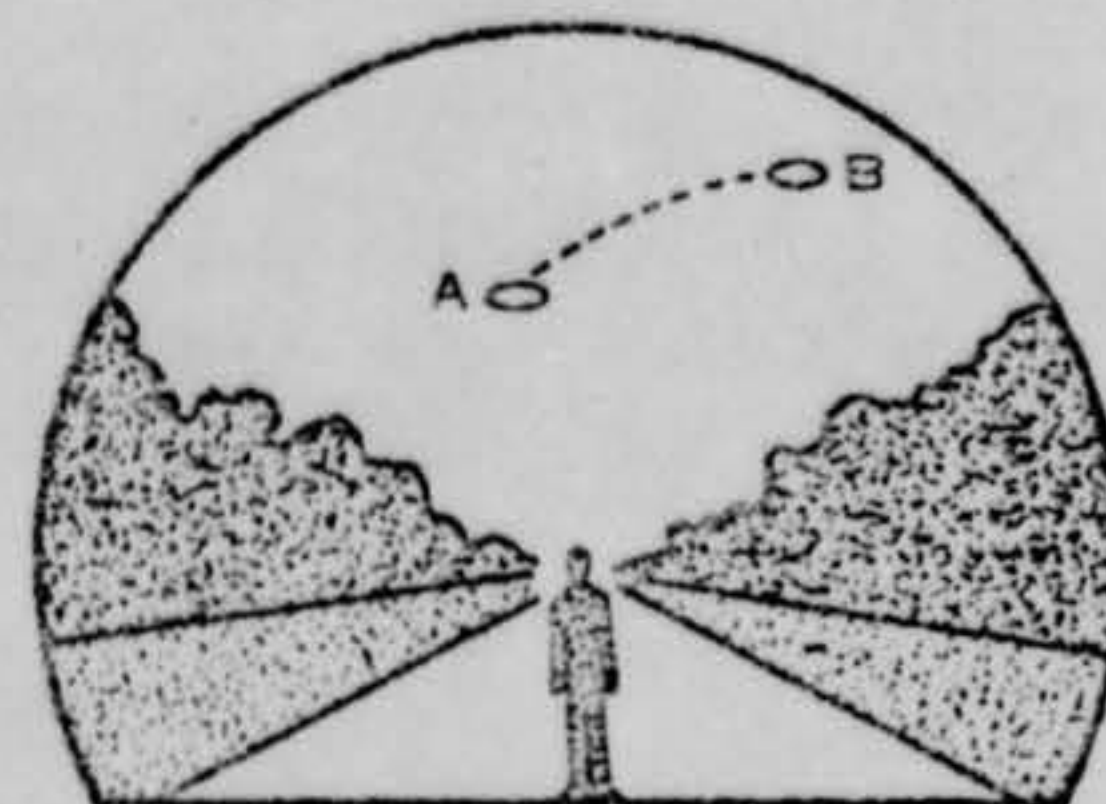
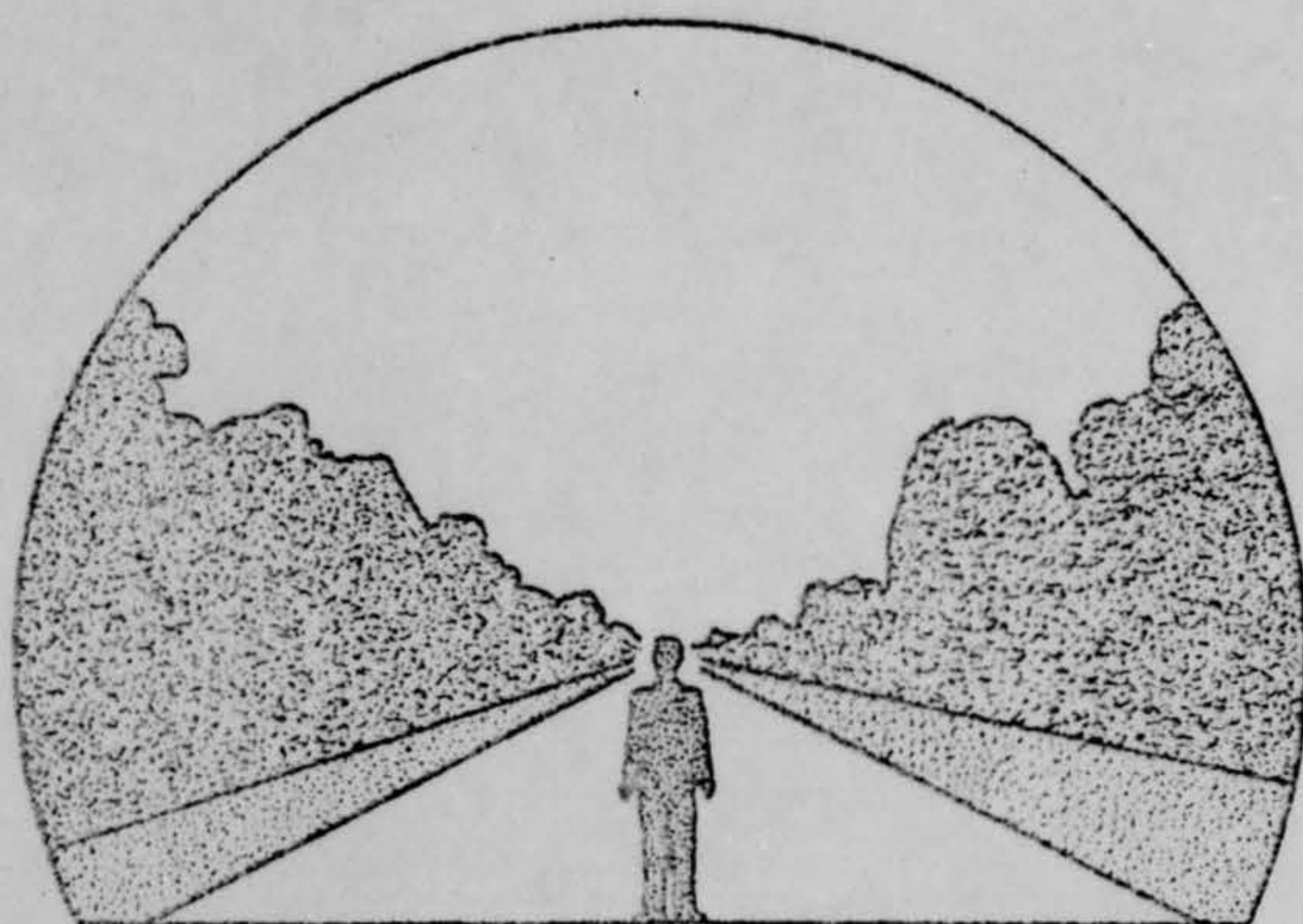
at 7:45 Oct 23rd 15 minutes later I saw 3 more u.F.O.'s over the hill only one seemed to make a sound. It was about as big as a dish pan with red & green lights rev. around. It roared and went over on the hill. The other one came toward me the other one went over to the new factor on the hill.



54. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS <input checked="" type="checkbox"/>		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE		
IN BOAT	NEAR AIRFIELD		
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY		
OTHER	FLYING OVER OPEN COUNTRY <input checked="" type="checkbox"/>		
OTHER			
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	<input checked="" type="checkbox"/> NOT VERY SURE
First time 15 minutes last time		FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED? by clock			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			
<p>I was looking direct out toward the hill a kinda orange pinkish light half the sky was this color also noticed a very faint search light. This isn't the first time this has appered. I see the U. F. O. 2 over the hills every night because I stand and watch for them. The police dept</p>			

has been told but nothing came of it. Several have told them.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? (DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?)

yes
 then 2 over 7:15
 this one went over top of the other one and was on the ground first.
 7:45
 one went over rearing sound disturbed dog had a round shape with red & green lights on bottom
 second one was a bright flashing red light. It went behind the big one and then to the factory.

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input type="checkbox"/> DAY	<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST	
<input type="checkbox"/> TWILIGHT	<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN	
<input checked="" type="checkbox"/> NIGHT	<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE	
<input type="checkbox"/> CLEAR	<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL	
<input checked="" type="checkbox"/> PARTLY CLOUDY	<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> SNOW OR SLEET	
<input type="checkbox"/> COMPLETELY OVERCAST		<input type="checkbox"/> UNKNOWN	
		<input checked="" type="checkbox"/> NONE OF THE ABOVE	
C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?			
(1) STARS		(2) MOON	
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT	
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)		
D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?			
<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)	
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN	

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Solid - red - & green. I have seen the U.F.O. that seemed to be this shape & blinking red. Sometimes it looks as if a giant sparkler is up there. They all go towards the hill. Have been for 2 years. Other people noticed them.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?			
	STAND STILL AT ANYTIME? <i>yes</i>			
	SUDDENLY SPEED UP AND RUN AWAY?			
	BREAK UP IN PARTS AND EXPLODE?			
	CHANGE COLOR? <i>yes</i>			
	GIVE OFF SMOKE?			
	CHANGE BRIGHTNESS? <i>yes</i>			
	CHANGE SHAPE?			
	FLASH OR FLICKER? <i>✓</i>			
	DISAPPEAR AND REAPPEAR? <i>Sometimes</i>			
	SPIN LIKE A TOP?			
	MAKE A NOISE? <i>Sometimes</i>			
	FLUTTER OR WOBBLE? <i>Sometimes</i>			

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I always look for them.

A. HOW DID IT FINALLY DISAPPEAR?

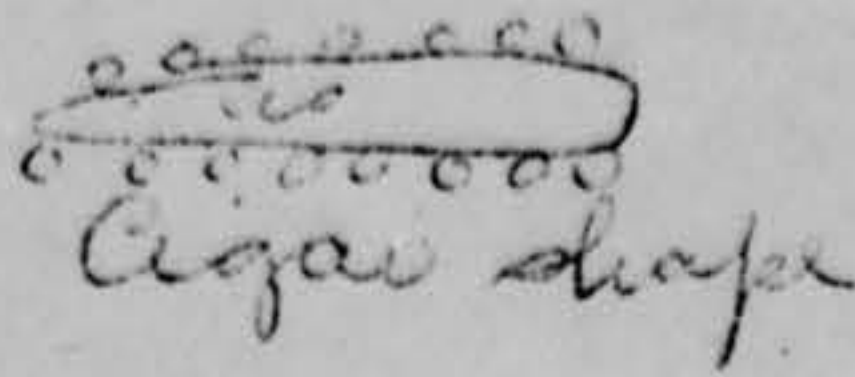
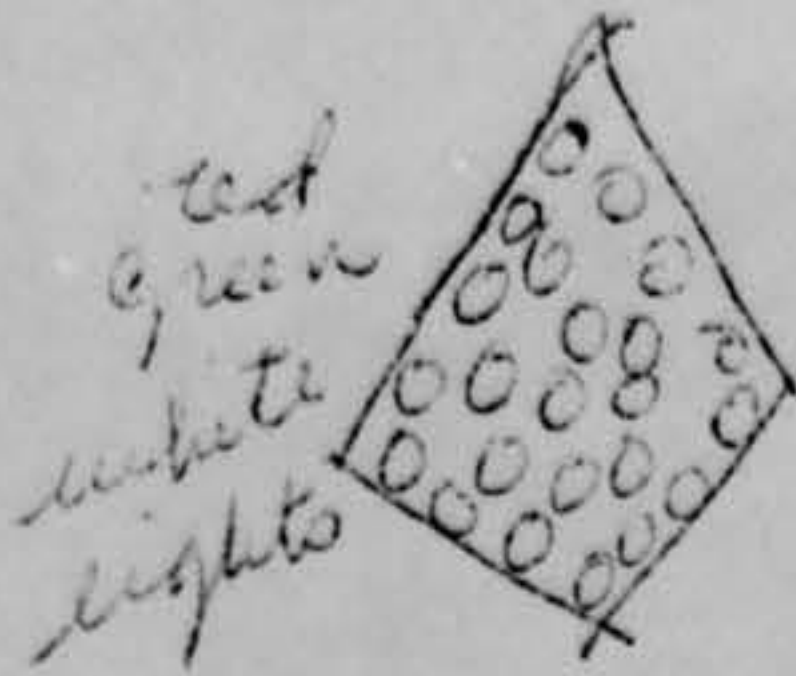
on the ground.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

no

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

not much

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGLASSES <input checked="" type="checkbox"/>	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. <u>slow</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. <u>4 miles</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p>I know a air plane by its wings and if a air plane went down as far as the U.F.O' <u>do</u>. They would crash.</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.	
<p>Sometimes eyes hurt, animals (dogs) howl. Sometimes a sweet sulphur odor</p>	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.	
<p>I don't know I don't dare go up there</p>	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

yes 7 days a week

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

2 (9) people from the Baker family they all live by me.

my sister in law from Ky. sister in law Carol

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

39

MALE

☒

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME _____ DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY _____ MONTH _____ YEAR _____